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**RESPONSE UNDER 37 C.F.R.
§1.116 EXPEDITED PROCEDURE
EXAMINING GROUP 3731**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Yoshio Onuki et al.	Examiner:	Michael G. Mendoza
Serial No:	10/616,517	Art Unit:	3731
Filed:	July 10, 2003	Docket:	15679
For:	ENDOSCOPIC SUTURE APPARATUS	Dated:	October 12, 2005
Conf. No.:	1188		

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE UNDER 37 C.F.R. § 1.116

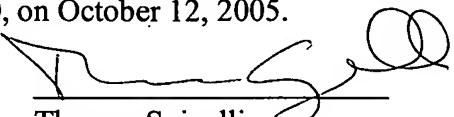
Sir:

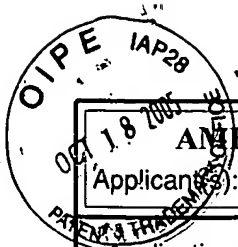
In response to the Final Official Action dated July 13, 2005, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 12, 2005.

Dated: October 12, 2005


Thomas Spinelli



AF/3731 ZW

AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Yoshio Onuki, et al.				Docket No. 15679	
Application No. 10/616,517	Filing Date July 10, 2003	Examiner Michael G. Mendoza	Customer No. 23389	Group Art Unit 3731	Confirmation No. 1188

Invention: **ENDOSCOPIC SUTURE APPARATUS**

COMMISSIONER FOR PATENTS:

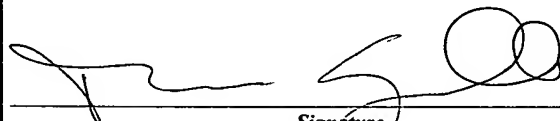
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	15 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account **19-1013/SSMP**
- ☐ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038.


WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



Signature

Dated: **October 12, 2005**

Thomas Spinelli
Registration No.: 39,533

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Thomas Spinelli _____ Typed or Printed Name of Person Mailing Correspondence

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